The Vac Scene©

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MEASLES OUTBREAK RELATED TO INTERNATIONAL ADOPTIONS

(Adapted from April 2004, *Epi-Log)*
On April 5th, a child under age two, recently adopted from China, presented to a King County health care provider with a fever and a rash. There was a history of a prodrome, characterized by sore throat, cough, coryza, and conjunctivitis. Koplik's spots were present in the mouth and the child also had otitis media. The health care provider suspected measles and immediately notified Public Health-Seattle & King County (by calling 206-296-4774). Public Health arranged to have the specimen transported to the Washington State Public Health Laboratory the following morning for serologic measles testing. On the afternoon of April 6th, results of testing showed that the child was measles IgM positive, confirming an acute measles infection.

While lab results were pending, an investigation by Public Health revealed that this child and family were part of a group of eleven families, and twelve children adopted from orphanages, who spent approximately 10 days together in China before traveling to the US at the end of March 2004. Of the twelve children in the group, eight came to the Puget Sound area, and one each to Alaska, Florida, Maryland, and New York.

Interviews with the families of the other seven children who came to the Puget Sound area yielded reports of current, or resolved, recent febrile-rash illness in six of these children. Five of these six families had made a total of 14 visits to King County health care providers for their ill children since arriving in the US; seven of these visits were for rash illnesses. Unfortunately, measles had not been considered in the differential diagnosis of any of these children, and measles testing had not been ordered. All six of the ill children have subsequently been confirmed to have measles.

Sites where persons may have been exposed to these children during their contagious period can be found on the Public Health-Seattle & King County website at www.metrokc.gov/health. *Because a measles outbreak cannot be declared "over" until two full incubation periods (42 days) have passed since rash onset in the last confirmed case, King County healthcare providers are requested to be vigilant for measles among all persons in the community with compatible symptoms until May 25th.*

Though any person seeking an immigrant visa to the United States for permanent residency must show proof of having received recommended vaccines before immigration, **internationally adopted children <11 years of age have been exempted from the overseas immunization requirements.** Adoptive parents are required to sign a waiver indicating their intention to comply with the immunization requirements within 30 days after the infant or child's arrival in the United States. Nonetheless, this requirement would not have prevented any of the cases of measles in the current outbreak because the children were exposed prior to arrival in the United States.

Adoptive parents (and their families), who go overseas to pick up their child should obtain pre-travel health advice, and should ensure that their own immunizations are up-to-date. In addition, health care providers should advise parents adopting children from countries where measles and other vaccine-preventable disease are endemic, to be vigilant for the development of such illnesses during the first 3 weeks after arrival in the US. They should also be advised to avoid extensive community exposures to new adoptees during this time when possible.

As a result of this outbreak, on April 16, 2004, the Centers for Disease Control and Prevention (CDC) recommended a temporary suspension of adoption proceedings for children from the Zhuzhou Child Welfare Institute in the Hunan Province of China, which is currently experiencing an outbreak of measles. For more information go to: http://www.cdc.gov/travel/other/multistate_measles_adoptees_2004.htm

PREVNAR (PCV7) SHORTAGES RESULT IN SUSPENSION OF 3RD AND 4TH DOSES

To further conserve vaccine, CDC, in consultation with the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), and the Advisory Committee on Immunization Practices (ACIP), has recommended that all health-care providers temporarily suspend routine use *of both the third and fourth doses, effective immediately.* It is critical that all providers immediately follow this recommendation, regardless of their current vaccine supply. **Children at increased risk of severe disease should continue to receive the routine, 4-dose series.** The March 5, 2004, *MMWR* article describes this revised recommendation. This recommendation reflects CDC's assessment of the existing national PCV7 supply and may be changed if the supply changes. Updated information about the national PCV7supply is available at http://www.cdc.gov/nip/news/shortages/default.htm

Because of the need to conserve vaccine, the Vaccines For Children (VFC) Program staff is tracking Prevnar usage and shipments for individual provider sites. When we receive a vaccine request that includes Prevnar, we review the shipment history, average usage rates, and last known "stock on hand" at the requesting provider's office. We will strive to supply 75% of each provider's *average monthly usage*. Include a note with your vaccine request if your Prevnar supply is insufficient to meet the reduced schedule. Refer to Broadcast Fax #3 (March 24) for details on dose deferral and changes to the catch-up schedule. Call (206) 296-4774 if you did not receive a copy of this latest broadcast fax.

Wyeth-Lederle, the maker of Prevnar, is offering recall cards and postage. Please contact the Wyeth representative at (206) 427-0721.

VACCINES FOR CHILDREN (VFC) PROGRAM NEWS

Benchmarking

For the past two years, benchmarking has been done in the month of May. However, the **WA State Department of Health (DOH) plans to delay benchmarking this year until late summer or early fall.** DOH is currently planning for the survey; we will notify you of the month selected when the decision has been made.

2003 Year-End Vaccine Report

The numbers are in for 2003 and there are several pieces of good news. In 2003, the 314 health care provider clinic sites in the VFC Program administered 684,931 doses of childhood vaccines (over $11 million), an increase of 4% over 2002. This is especially heartening because 2002 was the first year in the history of the program to show a decline in the number of doses administered (compared to the previous year). In addition, administration rates for the birth dose of hepatitis B vaccine continue to rise (now 78% of all newborns).

Most impressively, only 1.9% of doses distributed was lost due to expiration, spoilage, or other damage. This is a 35% decrease in the total number of doses lost compared with 2002. The VFC Program staff wishes to thank each of you for this important improvement and for taking such good care of your vaccine supplies.

DT and pneumococcal polysacharride vaccines continue to be the vaccines most frequently lost to expiration. Because demand is very low for these vaccines, the VFC Program limits shipments to 10 doses per order as a means of reducing the loss due to expiration.

Providers have also done a great job of meeting the expanded Vaccine Usage report requirements. The new statewide vaccine accounting database for which this information is collected continues to be improved and streamlined. Thank you for adapting so readily to the new requirements!

INFLUENZA ACTIVITY UPDATE

2003-2004 Season

As of March 27, 2004, CDC had received reports of 142 influenza-associated deaths in U.S. residents aged <18 years occurring in the 2003-2004 season, with only five new deaths occurring since January 26. Further data collection regarding these reports is ongoing, and efforts are under way to track national pediatric influenza-associated deaths annually. Preliminary data from national influenza surveillance systems indicate that the current season was more severe than the previous three seasons but was within the range expected for a typical A (H3N2) season.

Influenza-associated pediatric deaths received considerable attention this season, and CDC requested that state and local health departments report influenza-associated deaths in persons aged <18 years. Additional studies are planned to assess the relative severity of this season by comparing influenza-associated hospitalizations and mortality among children with those in previous seasons. Such information might be helpful in evaluating current pediatric influenza vaccination recommendations.

Of the 45 children whose influenza vaccination status was reported to CDC, one child had evidence of adequate vaccination, whereas 33 (73%) were not vaccinated, and six children were partially vaccinated (i.e., they had received 1 of 2 doses); five children were reported as vaccinated, but the interval between vaccination and onset of illness was not documented tests. These data are preliminary and subject to change, as more information becomes available.

2004-2005 Influenza Season

According to a recommendation from the 2004 National Influenza Vaccine Summit, recently held in Atlanta, *health care providers should submit their influenza orders for the 2004-05 influenza season by the middle of May. That's only three weeks away!*

If you have not already pre-booked, now's the time. VFC influenza vaccine will be ordered later in the summer from VFC for all 6-23 months old and high-risk kids. Be sure to order enough vaccine for all children not eligible for VFC vaccine, as well as other patients who need it and for staff members in your work setting. Then, contact your influenza vaccine distributor to place your order.

The National Immunization Program (NIP) has issued the first influenza bulletin to update health professionals on the influenza vaccine formulation, production, distribution, and administration of vaccine, and resources for the 2004-2005 influenza season. The updated version of the ACIP recommendations on influenza vaccine use should be published by early May in both the "Morbidity and Mortality Weekly Report" and the July-December 2004 Recommended Childhood and Adolescent Immunization Schedule. **Look for those recommendations in complete detail in the May/June issue of the *Vac Scene.*** For a ready-to-copy version of Influenza Vaccine Bulletin #1, go to www.immunize.org/cdc/flubull_1.pdf

LANCET RETRACTION STIRS MMR-AUTISM DEBATE

Ten researchers on an influential article suggesting a link between vaccine exposure and the development of autism have retracted their claims. According to the April issue of *Infectious Diseases in Children,* "In a stunning departure, 10 of 13 researchers of a *Lancet* article describing a study by Andrew Wakefield, have retracted an interpretation of data that purports a link between the measles-mumps-rubella (MMR) vaccine and autism".

While the immediate influence of the article is thought to have contributed to immunization rates falling in some parts of the United Kingdom as concerned parents refused immunization with measles-containing vaccines, many studies, including several large epidemiological investigations, have since refuted the link between MMR and autism. Although the distancing by fellow researchers from the 1998 article has been thought to be influenced by recent allegations of a potential financial conflict of interest concerning Wakefield, the retracting authors state that the original data, of 12 developmentally delayed children with unusual intestinal lesions, were inconclusive to determine a link between autism and MMR vaccination.

Dr. Wakefield while admitting having received funding from the Legal Aid Board, a British legal fund representing parents of children suing the vaccine's maker over alleged injuries, states that the funding did not influence his study of causative factors in the children's intestinal findings. To see the complete article on the web, go to: http://www.idinchildren.com/200404/mmr.asp

2ND MMR REQUIREMENT FOR SCHOOL ATTENDANCE

Effective with the 2004-2005 school year, public school students in Washington kindergarten through 4th grade and 6th through 12th grades must be immunized with a second dose of MMR. This requirement has been phased in gradually since 2000. By school year 2005-2006 all students in kindergarten through twelfth grade will need the second MMR for public school attendance. To print a copy of the Minimum Vaccines Required for School Attendance, September 2004-2005 go to: http://www.doh.wa.gov/cfh/Immunize/documents/minreqschool04.pdf

IMMUNIZATION RESOURCES

CDC 4 Part Series Available On Video

Here's a great idea for your next staff meeting. The videotapes of all four telecast CDC classes are available to borrow from the Immunization Program. If you are interested or have other questions about accessing the tapes, call Tiffany Acayan at (206) 296-4774 or email her at Tiffany.Acayan@metrokc.gov